

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029284

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7526

STATE FILE NUMBER

FILED AUG 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
St. Louis

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN
St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Homer G. Phillips

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

3954 St. Louis

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Archie

Middle

Last

Weaver

4. DATE OF DEATH

Month

7

Day

29

Year

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-5/15

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Starkville Miss

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Rochester Weaver

13b. MOTHER'S MAIDEN NAME

Tamey Brooks

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Willie Weaver 4606 Cottage

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Renal Insufficiency

DUE TO (c)

603X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-14-62 to 7-29-62 and last saw him alive on 7-29-62
Death occurred at 9:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. Phosphate MD

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

7-30-62

23a. BURIAL, CREMATORY, REMOVAL (Specify)

Burial

23b. DATE

8/3/62

23c. NAME OF CEMETERY OR CREMATORY

Washington P. 15.

23d. LOCATION (City, town, or county)

St. Louis

(State)

24. FUNERAL DIRECTOR

Jackson Funeral Home 2649-51 Delmar

ADDRESS

25. DATE RECD. BY LOCAL REG.

JUL 31 1962

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. J. M. (Signature)

Licensed Embalmer No. 4523

P. O. Address 4251 W. Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.